

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>15027</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2005</u> Through <u>12</u> / <u>31</u> / <u>2005</u>
3 Name and address of person filing Name <u>Martin</u> <u>L</u> <u>Fox</u> P.O. Box Bldg Room No. if any _____ Street <u>12538 NE 225th PL</u> City <u>Kent</u> State <u>Washington</u> ZIP Code + 4 <u>98031</u>	4 Name, file number, and address of labor organization Name <u>Sheet Metal workers Local # 66</u> Labor Organization File Number <u>521660</u> P.O. Box Building and Room Number if any _____ Street <u>13513 NE 126th PL</u> City <u>Kirkland</u> State <u>Washington</u> ZIP Code + 4 <u>98034</u>
5 Position in labor organization <u>Business Representative</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P.O. Box Bldg Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____

Signature Martin L Fox

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Martin L Fox

On 03/31/2006
Date

(425) 820 2306
Telephone Number

Name of Person Filing Martin Fox

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Pacific Coast Shipyard Metal Trades Trust

Trade Name if any

P O Box Bldg Room No If any

Street 5 Third Street suite 525

City San Francisco

State California

ZIP Code + 4 94103

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No If any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

The Trust Fund(s) is(are) Taft Hartly Multi employer that provides fringe benefits coverage to employees represented by the Union employees

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

02/17/05 Board meeting expenses \$544 13
06/22/05 Board meeting expenses \$375 48
12/14/05 Board meeting expenses \$272 18

12 b Amount

\$1 192

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐

?

14 b Amount of payment